

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

American Academy of Dermatology Association Political Action Committee

ADDRESS (number and street)

1350 I Street Northwest

Suite 880

Check if different  
than previously  
reported. (ACC)

Washington

DC

20005

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00359539

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Quarterly Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
**PRE-Election**  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post -Election**  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

in the  
State of

5. Covering Period

08

01

2006

through

08

31

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Donna Rebeck

Signature of Treasurer

Electronically Filed by Donna Rebeck

Date

09

20

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only									
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**FEC FORM 3X**  
(Rev. 02/2003)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2006</span>		99462.16
(b) Cash on Hand at Beginning of Reporting Period .....	224092.67	
(c) Total Receipts (from Line 19) .....	31330.00	233443.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	255422.67	332905.16
7. Total Disbursements (from Line 31) .....	9429.96	86912.45
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	245992.71	245992.71
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Academy of Dermatology Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	8	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	8	3	1	2	0	0	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16330.00	16330.00
(i) Itemized (use Schedule A) .....	15000.00	217113.00
(ii) Unitemized .....	31330.00	233443.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	31330.00	233443.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	31330.00	233443.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	31330.00	233443.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	429.96	4452.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	429.96	4452.64
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	82459.81
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	9429.96	86912.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9429.96	86912.45

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	31330.00	233443.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	31330.00	233443.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	429.96	4452.64
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	429.96	4452.64

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) David Blum		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 8 / 2 0 0 6
Mailing Address 4566 Middleton Dr		<b>Transaction ID:</b> 18843-25298708677292
City West Bloomfield	State MI	Zip Code 48323-3638
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Howard Bueller		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 3846 NW 52nd St		<b>Transaction ID:</b> 14601-06487673521041
City Boca Raton	State FL	Zip Code 33496-2706
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Boca Raton Dermatology PA	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Martin Claiborne		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 425 Fairway Dr		<b>Transaction ID:</b> 00502-79363650083542
City New Orleans	State LA	Zip Code 70124-1022
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

750.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER:  
(check only one)

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Cassandra Claman		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 55 Forest Rdg		<b>Transaction ID:</b> 27626-77962893247605 Amount of Each Receipt this Period 500.00
City Springfield	State IL	
Zip Code 62712-8910		
FEC ID number of contributing federal political committee. C		
Name of Employer Springfield Clinic	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) John DeSpain		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 4 / 2 0 0 6
Mailing Address 1800 Glenbrook Ct		<b>Transaction ID:</b> 42161-37597292661667 Amount of Each Receipt this Period 500.00
City Columbia	State MO	
Zip Code 65203-5341		
FEC ID number of contributing federal political committee. C		
Name of Employer DeSpain Dermatology Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Cynthia Dreyer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address 743 Country Club Rd		<b>Transaction ID:</b> 97347-02672976255416 Amount of Each Receipt this Period 365.00
City Eugene	State OR	
Zip Code 97401-6019		
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1365.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Gary Dyer Mailing Address 802 N 25th St City State Zip Code Saint Joseph MO 64506-2706 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 550.00			Date of Receipt MM / DD / YYYY 08 / 28 / 2006 <b>Transaction ID:</b> 95928-42409914731979 Amount of Each Receipt this Period 300.00
<b>B.</b> Full Name (Last, First, Middle Initial) Toni Funicella Mailing Address 13740 Research Blvd City State Zip Code Austin TX 78750-1884 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Anderson Mill Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 97347-81231325864792 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Bonnie Furner Mailing Address 8122 Datepoint Drive City State Zip Code San Antonio TX 78229-3274 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt MM / DD / YYYY 08 / 29 / 2006 <b>Transaction ID:</b> 95176-46253603696823 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) .....

**1165.00**

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Jean Gordon Mailing Address 843 Moana Ct City Palo Alto State CA Zip Code 94306-3718 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer El Camino Hospital Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 97347-06312197446823 Amount of Each Receipt this Period 365.00
<b>B.</b> Full Name (Last, First, Middle Initial) Scott Guenther Mailing Address 641 Claudius Dr City Avon State IN Zip Code 46123-7846 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer The Dermatology Center of Indiana Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 27626-46143740415573 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Aubrey Hartmann Mailing Address 2017 Spyglass HI City Leander State TX Zip Code 78641-8850 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 27626-63059633970261 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) .....**980.00****TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 10 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Hempstead Mailing Address 509 South Main St City Las Cruces State NM Zip Code 88001-1260 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt MM / DD / YYYY 08 / 14 / 2006 <b>Transaction ID:</b> 27626-34945315122604 Amount of Each Receipt this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) Ann Hill Mailing Address Apt 1A 210 E 47th St City New York State NY Zip Code 10017-2104 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 99751-61896914243698 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Robert Hudson Mailing Address 709 Eaton Ln City Laredo State TX Zip Code 78041-2837 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00		Date of Receipt MM / DD / YYYY 08 / 18 / 2006 <b>Transaction ID:</b> 97347-94294375181199 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Harry Humeniuk Mailing Address 7167 Kruse Rd City Petersburg State MI Zip Code 49270-9729 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 95176-80111330747605 Amount of Each Receipt this Period 365.00
<b>B.</b> Full Name (Last, First, Middle Initial) Dori Hunt Mailing Address 5242 Foley Dr City Hickory State NC Zip Code 28602-8280 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Piedmont Plastic Surgery & Dermatology Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 2 / 2 0 0 6 <b>Transaction ID:</b> 42161-91622561216355 Amount of Each Receipt this Period 365.00
<b>C.</b> Full Name (Last, First, Middle Initial) Elena Jones Mailing Address 12 Vista Ln City Edgewater State NJ Zip Code 07020-1522 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer St. Lukes-Roosevelt Hospital Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 14601-87586611509324 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) .....

1095.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 12 / 24

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Dianne Kamenetsky

Mailing Address 1713 Grouse Rdg

City State Zip Code  
 Truckee CA 96161-4033

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 4 / 2 0 0 6

Transaction ID: 27626-58056277036667

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mark Konwiser

Mailing Address 900 Pine Street

City State Zip Code  
 Englewood FL 34223-4457

FEC ID number of contributing federal political committee.

C

Name of Employer  
Self-EmployedOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

365.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 3 / 2 0 0 6

Transaction ID: 00831-24139040708542

Amount of Each Receipt this Period

365.00

Full Name (Last, First, Middle Initial)

C. Anne Laumann

Mailing Address Apt 2705  
21 E Huron St

City State Zip Code  
 Chicago IL 60611-3930

FEC ID number of contributing federal political committee.

C

Name of Employer  
Northwestern UniversityOccupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 92830-75309389829636

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1115.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Esther Lee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 16500 Spillway Dr		<b>Transaction ID:</b> 92609-83231753110886
City Wagram	State NC	Zip Code 28396-9561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Scotland Dermatology, P.A.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Esther Lee		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6
Mailing Address 16500 Spillway Dr		<b>Transaction ID:</b> 92609-59223574399948
City Wagram	State NC	Zip Code 28396-9561
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scotland Dermatology, P.A.	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Leon Lubianker		Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 9460 N Name Uno		<b>Transaction ID:</b> 14601-06049746274948
City Gilroy	State CA	Zip Code 95020-3532
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**SUBTOTAL** of Receipts This Page (optional) .....

850.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Julia Marshall Mailing Address 416 W Sheridan Pl City State Zip Code Lake Bluff IL 60044-2327 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 95176-67600649595261 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Norman May Mailing Address 810 Hospital Drive City State Zip Code Beaumont TX 77701-4635 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 27626-56269472837448 Amount of Each Receipt this Period 250.00
<b>C.</b> Full Name (Last, First, Middle Initial) Heather McCown Mailing Address 2856 Hermitage Ln City State Zip Code Florence SC 29501-5332 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Carolina Health Care Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 365.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 9 / 2 0 0 6 <b>Transaction ID:</b> 95176-44276064634323 Amount of Each Receipt this Period 365.00

**SUBTOTAL** of Receipts This Page (optional) .....

**865.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Alexandria Meccia

Mailing Address 7520 Ridgewood Ln

City State Zip Code  
 Burr Ridge IL 60527-5159

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Dermatology Associates of  
La Grange

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 92830-71924990415573

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Phyllis Murphy

Mailing Address 418 Saint Andrews Dr

City State Zip Code  
 Belleair FL 33756-1935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 1 8 / 2 0 0 6

Transaction ID: 99751-29125612974167

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C.** Phyllis Murphy

Mailing Address 418 Saint Andrews Dr

City State Zip Code  
 Belleair FL 33756-1935

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 92830-86562746763230

Amount of Each Receipt this Period

100.00

**SUBTOTAL** of Receipts This Page (optional) .....

1600.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Newton		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 3 / 2 0 0 6 <b>Transaction ID:</b> 00831-84795778989792
Mailing Address PO Box 4044		
City McAllen	State TX	Zip Code 78502-4044
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Self-Employed		
Occupation Physician		Aggregate Year-to-Date ▼ 365.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>B.</b> Full Name (Last, First, Middle Initial) Jennifer Pennoyer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 4 / 2 0 0 6 <b>Transaction ID:</b> 27626-70708864927292
Mailing Address 27 Cedar Ledge Rd		
City West Hartford	State CT	Zip Code 06107-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer St. Francis Care		
Occupation Physician		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>C.</b> Full Name (Last, First, Middle Initial) Jennifer Pennoyer		Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 4 / 2 0 0 6 <b>Transaction ID:</b> 92830-44585818052292
Mailing Address 27 Cedar Ledge Rd		
City West Hartford	State CT	Zip Code 06107-1006
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer St. Francis Care		
Occupation Physician		Aggregate Year-to-Date ▼ 600.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

**SUBTOTAL** of Receipts This Page (optional) .....

965.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Richard Pfau		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 8028 Richie Hwy		<b>Transaction ID:</b> 27626-81261843442917
City Pasadena	State MD	Zip Code 21122-1020
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Desiree Ratner		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 8 / 2 0 0 6
Mailing Address Apt 5E 250 E 65th St		<b>Transaction ID:</b> 97347-35869997739792
City New York	State NY	Zip Code 10021-6614
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Columbia Presbyterian Med Center	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Howard Rosenman		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 2 3 / 2 0 0 6
Mailing Address 1569 Doe Trail Ln		<b>Transaction ID:</b> 00502-53518313169479
City Yardley	State PA	Zip Code 19067-4055
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Rosenman & Leventhal	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

1115.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Elba Rubianes Mailing Address 2335 Tamiami Trl N City Naples State FL Zip Code 34103-4457 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 2 1 / 2 0 0 6 <b>Transaction ID:</b> 99751-77985781431198 Amount of Each Receipt this Period 250.00
<b>B.</b> Full Name (Last, First, Middle Initial) Caryn Schulz Mailing Address 524 Lincoln Ave City Eau Claire State WI Zip Code 54701-4019 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 0 6 <b>Transaction ID:</b> 14601-55338686704636 Amount of Each Receipt this Period 500.00
<b>C.</b> Full Name (Last, First, Middle Initial) Joseph Seber Mailing Address 16870 NE 19th Ave City North Miami Beach State FL Zip Code 33162-3108 FEC ID number of contributing federal political committee. <b>C</b> Name of Employer Self-Employed Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y 0 8 / 1 8 / 2 0 0 6 <b>Transaction ID:</b> 99751-09463137388229 Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) .....

1000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

A. Full Name (Last, First, Middle Initial)

Michael Sharkey

Mailing Address 2400 Bellevue Rd

City State Zip Code  
Dublin GA 31021-2842

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Dermatology & Skin Cancer  
Center of Ge

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 4 / 2 0 0 6

Transaction ID: 92609-26606386899948

Amount of Each Receipt this Period

500.00

B. Full Name (Last, First, Middle Initial)

Mark Stewart

Mailing Address 2835 Fort Missoula Rd

City State Zip Code  
Missoula MT 59804-7424

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 8 / 2 0 0 6

Transaction ID: 99751-28838747739792

Amount of Each Receipt this Period

250.00

C. Full Name (Last, First, Middle Initial)

Timothy Storer

Mailing Address 2561 Aikin Cir S

City State Zip Code  
Lewis Center OH 43035-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 0 6

Transaction ID: 00831-65963381528855

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

1000.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Timothy Storer

Mailing Address 2561 Aikin Cir S

City State Zip Code  
 Lewis Center OH 43035-8024

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Smith Clinic

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 92830-58333986997604

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

B. Marta VanBeek

Mailing Address 242 Magowan Ave

City State Zip Code  
 Iowa City IA 52246-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Iowa, Dept.  
of Dermatolo

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 4 / 2 0 0 6

Transaction ID: 92609-30193728208542

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Melissa Watcher

Mailing Address 26 Regents

City State Zip Code  
 Newport Beach CA 92660-9023

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self-Employed

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y  
 0 8 / 2 9 / 2 0 0 6

Transaction ID: 95176-88737124204636

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional) .....

600.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
or each category of the  
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

<b>A.</b> Full Name (Last, First, Middle Initial) Kevin Whaley		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address 9487 Wolf Pack Ter		<b>Transaction ID:</b> 27626-90125674009324
City Colorado Springs	State CO	Zip Code 80920-7679
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 365.00
Name of Employer Summit Dermatology	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	

<b>B.</b> Full Name (Last, First, Middle Initial) Wesley Wilborn		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 0 1 / 2 0 0 6
Mailing Address 949 Oriole Dr SW		<b>Transaction ID:</b> 14601-34789675474167
City Atlanta	State GA	Zip Code 30311-2422
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b> Full Name (Last, First, Middle Initial) Daniel Zelac		Date of Receipt M M / D D / Y Y Y Y Y 0 8 / 1 4 / 2 0 0 6
Mailing Address Apt A107 9253 Regents Rd		<b>Transaction ID:</b> 27626-30744570493698
City La Jolla	State CA	Zip Code 92037-9100
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Scripps Clinic - Mohs Unit	Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**SUBTOTAL** of Receipts This Page (optional) .....

865.00

**TOTAL** This Period (last page this line number only) .....

16330.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. American Express**

Mailing Address PO Box 53852

City  
Phoenix

State  
AZ

Zip Code  
85072-3852

Purpose of Disbursement  
Contribution

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V53760-0805017352104

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

115.66

Full Name (Last, First, Middle Initial)

## **B. Merchant Services**

Mailing Address PO Box 6603

City  
Hagerstown

State  
MD

Zip Code  
21741-6603

Purpose of Disbursement  
Contribution

Candidate Name

001

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: V53760-9356958270073

Date of Disbursement

08 / 31 / 2006

Amount of Each Disbursement this Period

314.30

**SUBTOTAL** of Disbursements This Page (optional) .....

429.96

**TOTAL** This Period (last page this line number only) .....

429.96

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** Congressman Bart Gordon Committee

Mailing Address PO Box 2008

City Murfreesboro State TN Zip Code 37133

Purpose of Disbursement  
Contribution

Candidate Name  
Bart Gordon

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TN District: 06

Transaction ID: 01039-9818078875541

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.** Friends of Don Sherwood

Mailing Address 81 Warren Street

City Tunkhannock State PA Zip Code 18675

Purpose of Disbursement  
Contribution

Candidate Name  
Don Sherwood

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: PA District: 10

Transaction ID: 01039-2257196307182

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.** Hall for Congress Committee (RALPH HALL - ROCKWALL TEXA-S)

Mailing Address Post Office Box 711

City Rockwall State TX Zip Code 75087

Purpose of Disbursement  
Contribution

Candidate Name  
Ralph Hall

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2006  
☐ Primary ☒ General  
☐ Other (specify) ▼

State: TX District: 04

Transaction ID: 01039-9917566180229

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Academy of Dermatology Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. Keep Our Majority Pac**

Mailing Address PO Box 20209

City  
Alexandria

State  
VA

Zip Code  
22320

Purpose of Disbursement  
Contribution

Candidate Name

011

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 01039-3938409686088

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. Walsh for Congress Committee**

Mailing Address 306 Winkworth Parkway

City  
Syracuse

State  
NY

Zip Code  
13215

Purpose of Disbursement  
Contribution

Candidate Name  
James Walsh

011

Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NY District: 25

Disbursement For: 2006

☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 01039-6765710711479

Date of Disbursement

08 / 23 / 2006

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

6000.00

**TOTAL** This Period (last page this line number only) .....

9000.00